EXHIBIT B

FORM B10 (Official Form 10) (10/05)

Homes Come Demonstrate Comm	Demonstration 1	
United States Bankrupicy Court	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubtor	Case Number	
U.S.A Commercial Mortgage Co	106-10725-LB	R_
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense in	istrative expense arising after the commenceme as be filed nursuant to 11 U.S.C. 8 503	nt
	T-	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Shirley M Collins.	Check box if you are aware that anyonelse has filed a proof of claim relating	
trustecas her some aseparate property	your claim Attach copy of statement	
Name and address where notices should be sent	giving particulars	
	Check box if you have never received a notices from the bankruptcy court in the	
Shirley M Collins Court 1975 Snow berry Chort Telephone multiple, Ca 92-009	case	1
Carlshad Co a- are	Check box if the address differs from the address on the envelope sent to you by	•
	the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here	51-11-11-11
	if this claim amends a previously	filed claim dated 12-15-06
1 Basis for Claim	Retiree benefits as defined	
Goods sold Services performed	Wages salaries and compo	
Money loaned	Unpaid compensation for s	
Personal injury/wrongful death	from	to
Taxes See exhibit A	(date)	(date)
2 Date debt was incurred	3 If court judgment, date obtain	
12-16-200	3 If court judgment, date obtain	nea
4 Classification of Claim Check the appropriate box or boxes the	nat best describe your claim and state the amo	unt of the claum at the time case filed
The second side for important explanations	Secured Claim	and or the ordina at the time case three
Unsecured Nonpriority Claim \$	Chack thus how of your along	we are accounted by a allest and 4 and 4
b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	a right of setoff)	m is secured by collateral (including
only part of your claim is entitled to priority	Brief Description of Colla	tera
Unsecured Priority Claim	Real Estate Mot	
Check this box if you have an unsecured claim all or part of w		
citaled to priority	Amount of arrearage and other of	harges at time case filed included in
Amount entitled to priority \$	secured claim if any \$ 12	549 03
Specify the priority of the claim	Up to \$2 225* of deposits toward	purchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) o	or services for personal family or	household use - 11 U S C
(a)(1)(B)	[] (- · · (- ·)(· ·)	
Wages salaries, or commissions (up to \$10 000) * earned within	180 Cher Specify and a block by a series of the series of	mental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C § 507(a)(4)	Other - Specify applicable paragra	
Contributions to an employee benefit plan 11 USC § 507(a)		4/1/0/ and every 3 years thereafter in or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$880 190 74 880 190.24	1 3 640 140 VI
<u> </u>	7	(priority) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges	ation to the principal amount of the claim. At	tach itemized statement of all
6 Credits The amount of all payments on this claim has been	credited and deducted for the number of	
making this proof of claim		THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume	nts, such as promissory notes purchase	
The state of the s	Cts court undemante mantenante	
agreements and evidence of perfection of lien DO NOT SENI documents are not available, explain If the documents are voluments are voluments.	DUNIGINAL DOCUMENTS If the	an 1 1 20
o Date-Stamped Copy to receive an acknowledgment of the fit.	ing of your claim enclose a company	FILED JAN 11 209
envelope and copy of this proof of claim		£ 0 mm.
file this claim (attach convict many, of th	e creditor or other person authorized to	
the copy of power of attorn	iey irany)	HOAONG
Shirley M. Collins, to	ustee	USA CMC

Case 06-10725 gwz Doc 8699		tered 07/24/11 14:0	2:57 Pag	e 3 of 11
2000 00 10120 gW2 D00 0000		OOF OF CLAIM	o.	
Name of Debtor	Case Nu	ımber		
USA COMMERCIAL MORTGAGE CO	BK-S	-06-10725-CBR	1	
Was Commercial to the state of	l l	ofer 11		
NOTE See Reverse for List of Debtors and Case Numbers			1	
This form should not be used to make a claim for an administrative examsing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	• •	
Name of Creditor and Address		statement giving particulars		
ROBERT A COWMAN & SANDRA L COWMAN	59	Check box if you have never received any notices		
1525 WINTERWOOD AVE SPARKS NV 89434-6730		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DEI	BTORS pady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ()		court		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Chack here replac	205	
		Check here I replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	☐ Wages	salaries and compensation (fill out below)	Other claims against service
Services performed Taxes	Last four	r digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid	compensation for services per	rformed from	to
BREACH OF CONTRACT - DIRECT L				(date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes th See reverse side for important explanations	at best descr	tibe your claim and state the amo	unt of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or be exceeds the value of the property securing it or if c) none or only part of		a right of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ 34.	42 MILLION
Amount entitled to priority \$			nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	s 142,9	50 .00
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 day	L	Up to \$2 225* of deposits toware services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's	΄ ⊑	Taxes or penalties owed to go	vernmental units	11 U S C § 507(a)(8)
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable part	•	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases comment	stment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	162	950, ** \$	Cod Oil Or alter the	\$ 162 950.
AT TIME CASE FILED (unsecured)		secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to	•	•	,	, ,
6 CREDITS The amount of all payments on this claim has been cre				=
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts, court judgments mortgages, security	/ agreement	ts and evidence of perfection	of lien DO NO	oices, itemized statements of T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the		•	•	
8 DATE-STAMPED COPY To receive an acknowledgment of to proof of claim	he filing of y	your claim enclose a stampe	d self-addressed	envelope and copy of this
The original of this completed proof of claim form must be se				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pi for each person or entity (including individuals, partnerships,				USE ONLY
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO		
BMC Group Attn USACM Claims Docketing Center	BMC Gro	oup ACM Claims Docketing Cente	r	
P O Box 911	1330 Eas	st Franklin Avenue	F	ILED DEC 11 2006
El Segundo CA 90245-0911		do CA 90245		T T C000
SIGN and print the name and title if any of the claim (attach, copy of power of atto		21 1 1	لمبييون	
12-6-06 KJut A Curuma		KOPEIN W. C	- / DUNER	USA CMC
Possible for announting frontelland along the first to \$500,000		CRED HOR DIRECT	LED AND SEEL	1072501725

Case 00	-10123-UWZ DUC 0099-	<u>'_ L </u>	<u>(C) CU U//24/11 14.0</u>	12.31 Fau	C 4 ULTT
USTRICT	ANKRUPTCY GOURT OF NEVAOA		OOF OF CLAIM		
Name of Debtor		Case Nu	ımber	FIL	FD 11
USA Commerci	<u> </u>	06-	-10725-LBR	,	ED JAN I U ZUU,
	ake a claim for an administrative exp f the case A "request" for payment of		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		
Name of Creditor and Add CYNTHIA G DAVIS C/O CYNTHIA G E 2465 TELLURIDE RENO NV 89511-	11321241000369 S LIVING TRUST DAVIS TRUSTEE DR	9	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DE if you have air	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (775			court	THIS SPAC	E IS FOR COURT USE ONLY
	number by which creditor identifies of	debtor	Check here replace of this claim amen	a previously	/ filed claim dated
Services performed	Personal injury/wrongful death Taxes Other (describe briefly) See Exhibit A	Wages :	penefits as defined in 11 U S salanes and compensation (r digits of your SS # compensation for services pe	fill out below)	Unremitted principal Other claims against service (not for loan balances)
2 DATE DEBT WAS INCURRED	01/07/05	3 IF C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM See reverse side for important expla	Check the appropriate box or boxes that mations				the time case filed
UNSECURED NONPRIORITY CL Check this box if a) there is no concept exceeds the value of the property entitled to priority	AIM \$ 101493.06 oliateral or lien securing your claim or b) securing it or if c) none or only part of your	your claim our claim is			red by collateral (including
UNSECURED PRIORITY CLAIM			Real Estate	_	e 🔲 Other
entitled to priority	secured claim all or part of which is		Value of Collateral		enown
Amount entitled to priority	\$		Amount of arrearage ar secured claim if any	nd other charges \$ リサタス	at time case filed included in
Specify the priority of the claim Domestic support obligations und	ler 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Γ-	Up to \$2 225* of deposits toward		
1	(up to \$10 000)* earned within 180 days bition or cessation of the debtor's		services for personal family of Taxes or penalties owed to go	or household use 1 vernmental units -	11 U S C § 507(a)(7) 11 U S C § 507(a)(8)
Contributions to an employee ber		L	Other Specify applicable para * Amounts are subject to adjus with respect to cases commen	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED		101,493			\$ 101,493.06
Check this box if claim includes i	(unsecured) nterest or other charges in addition to th	•	secured) amount of the claim Attach ite	(priority) mized statement o	(Total) of all interest or additional charges
7 SUPPORTING DOCUMENT running accounts contracts, co	payments on this claim has been cred TS Attach copies of supporting docu- port judgments mortgages, secunty a nts are not available, explain If the d	<i>iments,</i> su	uch as promissory notes purd is, and evidence of perfection	chase orders inv	orces itemized statements of
proof of claim	To receive an acknowledgment of the				l envelope and copy of this
ACCEPTED) so that it is actu	d proof of claim form must be sent ally received on or before 5 00 pm luding individuals, partnerships, c	, prevailin corporatio	ig Pacific time, on Novembe ns, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing P O Box 911 El Segundo CA 90245-0911		Attn USA 1330 Eas El Segund	CM Claims Docketing Center t Franklin Avenue do CA 90245	FI	ED 'TN 1 0 2007
DATE	and print the name and title if any of the	e creditor or	r other person authorized to file		
1/8/07 6	ynthial Dav	CA /	Trustee		USA CMC
Panalty for proporting fraudul-st-land					10/2001919

UNITED STAILS BANKRUPICY COURT DISTRICT OF Nevada						PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE CO Case Number 06-10725-LBR						TROOF OF OPARW
NOTE This form sh of the ease. A requ						
debtor owes money	he person or other entity to whom the or property) RAH A DANIEL A SINGLE WOMAN	else your	has file claim ig parti		aim relating to of statement	
Name and address v DEBORAH A D. 249 S VISTA DI ANAHEIM, CA	EL MONTE	notic case Che	es fron			
Telephone number		the	court.		on to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of acidentifies debtor	count or other number by which creditor	1	ck here is claim	replaces	a previously fil	ed claim dated
✓ Money I Personal	old performed loaned injury/wrongful death			Wages salaries Last four digits Unpaid compe	s and compens s of your SS #	vices performed
✓ Other —	SEE EXHIBIT A			(1	oate)	(date)
2. Date debt wa	NOVEMBER 18,2005	3.	If co	urt judgment	, date obtaine	d
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Unsecured Nonpriority Claim \$ 202,376 95 Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C. § 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if your claim at secured by collateral (including a right of setoff) Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Walue of Collateral						
making this proof of claim 7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security presentates and authorise of perfection of here. DO NOT SENIO OPICINAL DOCUMENTS. If the						THIS SPACE IS FOR COURT USE ONLY
addressed envel Date	ope and copy of this proof of claim Sign and print the name and title if any, of	the credito	r or oth	ner person auth		USA CMC
JAN 10,2006	file this claim (attach copy of power of atto DEBORAH A DANIEL 714 637-33:	_ \	. 1)	ah A	Danie	1072502035

FORM B10 (Official Form 10) (10/05)

UNITED STAILS BANKRUPTCY COURT	Dis	TRICT	OF	Nevada	77777
Name of Dubtor	PROOF OF CLAIM				
USA Commercial Mortgage Compa					
NOTF This form should not be used to make a claim for an adminis	strative exp	ense ar	nsing		
of the case A request for payment of an administrative expense ma	y be filed	pursuar	ol lo	11 080 9705	1
Name of Creditor (The person or other entity to whom the dubtor owes money or property)				u are aware that anyone proof of claim relating to	
Darlene Hammond trustee of the	you	r claım	Atta	ach copy of statement	
Dar Living trust dated 2/12/03	l — ~	ng parti ck hox		s u have never received any	
Name and address where notices should be sent Darlene Harmmond	note	ces fro		bankruptcy court in this	
308 La Rux Cr	Case Che		ıf the	address differs from the	
Las V2903, NV 87145 Telephone number 702-240-2425	1	ress on court.	the e	nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Che	ck here		replaces	
identifies debtor	ıf th	ıs claın	n	amends a previously file	d claim dated
1 Basis for Claim				ree benefits as defined in less salaries and compensa	
Goods sold Services performed		ш	Last	four digits of your SS #	
Money loaned			•	aid compensation for serv	•
Personal injury/wrongful death Taxes SEEN, b. + A			from	(date)	o(date)
Z viidi				,,	
2. Date debt was incurred	3.	if co	ourt į	judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes th	at best des	cribe y	our c	claim and state the amount	of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 1646 28 50		Sec	ured	Claim	
E-2	ır claım, or		Ch	eck this box if your claim if setoff)	s secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or] ""	_	ef Description of Collatera	1
Unsecured Priority Claim		1	Name of Street, or other Designation of the last of th	Real Estate Motor	
Check this box if you have an unsecured claim all or part of v	which is		Va	lue of Collateral \$ UN	KNOWN
entitled to priority		Am	ount	of arrearage and other char	ges at time case filed included in
Amount entitled to priority \$		secu	ired o	claim, if any \$ 2 4 44	67
Specify the priority of the claim				25* of deposits toward pur for personal family, or ho	chase, lease or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A) o	or	§ 507			uschold use - 11 0 5 C
Wages salaries or commissions (up to \$10,000) * earned with	n 180 🗔		•	J	ntal units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C \$ 507(a)(4)	or's		_		of 11 USC § 507(a)()
Contributions to an employee benefit plan - 11 U S C \ 507(a					107 and every 3 years thereafter or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		1646	28	50 1646850	16468850
Check this box if claim includes interest or other charges in add		(unsex	cured)	(secured) (priority) (Total)
interest or additional charges					· · · · · ·
6 Credits The amount of all payments on this claim has been making this proof of claim	credited a	nd ded	lucte	d for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docum	ents such	as pror	nisso	ory notes, purchase	
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN	acts, court	judgme	ents,	mortgages, security	
documents are not available explain If the documents are volu-	minous ati	ach a s	sumn		4 4 0007
8. Date-Stamped Copy To receive an acknowledgment of the fi					N 1 1 2007
Date Sign and print the name and title if any of t	the creditor	or oth		, ,,	
file this claim (attach copy of power of attorney, if any) 1/10/07 Derkins Hammond trustes of the Der Living trust dated					
D. n. 11.	v Des	KIV	3	21,2/0	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	Musicon	ent for	· pro ·		1072502045

UNITED STATES BANKRUPTCY COURTS DISTRICT OF NEVADA	PRC	OF OF CLAIM	YOUR CLAIM IS SCHEDULED AS	
Name of Debtor	Case Nu	mber	Schedule/Claim ID s31820	
		'25-LBR	Amount/Classification	
USA Commercial Mortgage Company	00-107	ZV-LUN	\$12 951 80 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expens arising after the commencement of the case. A "request" for payment of a administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address DAVIS FAMILY TRUST C/O JOSEPH DAVIS & MARION SHARP CO-TRUSTEES 3100 ASHBY AVE LAS VEGAS, NV 89102 1908		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have nother claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the	
		envelope sent to you by the	Bankruptcy Court or BMC you do not need to file again	
Creditor Telephone Number ()	dabiss	court	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies 727 3997	deptor	Check here repla	a acquioucly filed claim dated	
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	S C § 1114(a) 🔣 Unremitted principal	
Goods sold Personal injury/wrongful death		salaries and compensation		
Services performed Taxes	_	r digits of your SS #	(not for loan balances)	
Money loaned Other (describe briefly) SEE ATTACHED	Unpaid o	compensation for services pe	erformed from to (date) (date)	
2 DATE DEBT WAS INCURRED 8-17-2004		OURT JUDGMENT, DATE (OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amou	unt of the claim at the time case filed	
UNSECURED NONPRIORITY CLAIM \$ 750,000 © Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim ur claim is	SECURED CLAIM Check this box if y a right of setoff) Brief description of	your claim is secured by collateral (including	
UNSECURED PRIORITY CLAIM			Motor Vehicle Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$		1	and other charges at time case filed included in	
Specify the priority of the claim			\$ 750,000.00	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	3	ard purchase lease or rental of property or	
Wages salaries or commissions (up to \$10 000) earned within 180 days		services for personal family of	or household use 11 U S C § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	_	· · ·	overnmental units 11 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	• • • • • •	ragraph of 11 U.S.C§ 507(a) () istment on 4/1/07 and every 3 years thereafter	
		with respect to cases commer	nced on or after the date of adjustment	
AT TIME CASE FILED		\$ <u> </u>	\$ 750,000.00	
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Attach ite	(priority) (Total) emized statement of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts, contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain If the company of claim. 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	edited and uments, su agreement documents se filing of	deducted for the purpose of uch as promissory notes, pur its and evidence of perfection is are voluminous attach a st your claim enclose a stamps	making this proof of claim inchase orders invoices, itemized statements of on of lien DO NOT SEND ORIGINAL immary ed self addressed envelope and copy of this	
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911	n, prevaili corporation BY HAND BMC Gro Attn USA 1330 Eas	ng Pacific time, on Novemons, joint ventures, trusts and OR OVERNIGHT DELIVERY TO	o FILED JAN 1 3 2007	
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn		other person authorized to file	1072502334	
		T. NELSON	ATTOUNEY	

Case 06-10/25-gwz_Doc 8699-	<u>-2</u> n	tered 07/24/11 14·0	12.27 Fau	<u>e 8 of 11</u>
UNITED STATES BANKRUPTCY COURTS DISTRICT OF NEVADA	PROOF OF CLAIM			AIM IS SCHEDULED AS:
)	Case Nu	mber	Schedule/Claim IC	s31157
USA Commercial Mortgage Company	06-107	25-LBR	Amount/Classifica	tion
COA Commercial Mortgage Company	55-107		\$12 951 80 Unsec	cured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address. DAVIS INVESTMENTS 3100 ASHBY AVE LAS VEGAS, NV 89102 1908 Creditor Telephone Number ()	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the D you agree with the other claim against this proof of claim I If the amounts sh Unliquidated or D filed If you have alre Bankruptcy Court	cted above constitute your claim as rebtor or pursuant to a filed claim. If amounts set forth herein, and have no the Debtor, you do not need to file EXCEPT as stated below. The proof of claim must be ready filed a proof of claim with the or BMC, you do not need to file again as E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Chack berg Trepla		
1136 947		Check here I repland or if this claim amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retires h	enefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compensation		<u>. </u>
Services performed Taxes	_	digits of your SS #	(mi our pelow)	Other claims against services (not for loan balances)
Money loaned Other (describe briefly)		ompensation for services pe	erformed from	to(date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(agre) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ / 200,000.000 Check this box if a) there is no collateral or then securing your claim or b) you	our claim	4	our claım is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ır claim is	a right of setoff)	f colleteral	
UNSECURED PRIORITY CLAIM		Brief description of Real Estate		Other
Check this box if you have an unsecured claim all or part of which is		Value of Collateral		
entitled to priority Amount entitled to priority \$		ì		at time case filed included in
Specify the priority of the claim		secured claim, if any	\$	ar nuis casa man incinden m
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	_	services for personal family of	or household use 1	USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L_	Other Specify applicable para Amounts are subject to adjust	- '	==:-
	1 80 -	with respect to cases commen		date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 1,000,000.00 \$	1,000,0		A mada -th. 3	\$ 1,000,000.00
(unsecured) [X] Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim. Attach ite	(priority) mized statement o	(Total) of all interest or additional charges
71				
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting doct running accounts, contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the contracts 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	<i>uments,</i> su agreemen documents	ich as promissory notes pur ts and evidence of perfections are voluminous, attach a st	rchase orders, inv in of lien DO No ummary	voices, itemized statements of DT SEND ORIGINAL
The original of this completed proof of claim form must be sen				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevailli corporatio	ing Pacinic time, on Novembros, joint ventures, trusts (USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	, FI	ED JAN 1 3 2007
BMC Group Attn USACM Claims Docketing Center	BMC Gro		•	
P O Box 911	1330 Eas	t Franklin Avenue		USA CMC
El Segundo, CA 90245 0911 DATE SIGN and print the name and title if any of the		do, CA 90245 other person authorized to file		
this claim (attach copy of power of attorn	ney if any)	m, T		1072502333
1-1601 Well Holson	trv	th 1. NECS	N) 17/TOUR	<u>Y</u>

DISTRICT	DEVADA	PRO	of of claim	I samene titin	
				Schedule/Claim it	AIM IS SCHEDULED AS s32661
Name of Debtor		1	Case Number		ation
USA Commercial Mortg	Jage Company	06-107	'25-LBR	\$25 903 59 Unsed	we dispute this #.
NOTE See Reverse for List of De	btors and Case Numbers	1			= thus #.
This form should not be used to ma	ake a claim for an administrative ex		Check box if you are		
arising after the commencement of administrative expense may be file	f the case A request for payment	ofan	aware that anyone else has filed a proof of claim relating		
Name of Creditor and Add			to your claim. Attach copy of statement giving particulars		cted above constitute your claim as Debtor or pursuant to a filed claim. If
	113212400	00201			amounts set forth herein and have no the Debtor you do not need to file
TODD DAVIS			Check box if you have never received any notices		EXCEPT as stated below
360 W. 55th St	-		from the bankruptcy court or		own above are listed as Contingent
New York, NY	10019		BMC Group in this case	Unliquidated or D	sputed, a proof of claim must be
1			Check box if this address differs from the address on the	If you have aire	eady filed a proof of claim with the
			envelope sent to you by the		or BMC you do not need to file again
Creditor Telephone Number ()			court	THIS SPAC	E IS FOR COURT USE ONLY
1 415.	number by which creditor identifies	debtor	CHECK HOLD .	aces a previously	filed claim dated
4670 30	141		If this claim ame	, ,	mos chaim dates
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	S C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death		salaries and compensation		Other claims against service
	Taxes		digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly) SEE ATTACHED	Unpaid c	ompensation for services p	erformed from	to
	SEE ATTACACE				(date) (date)
2 DATE DEBT WAS INCURRED			OURT JUDGMENT, DATE		
4 CLASSIFICATION OF CLAIM See reverse side for important explan	Check the appropriate box or boxes that	best describ	pe your claim and state the amo	unt of the claim at the	time case filed
UNSECURED NONPRIORITY CL			SECURED CLAIM		
Check this box if a) there is no col	liateral or lien securing your claim or b) y	your claim	4-4	your claim is secui	red by collateral (including
exceeds the value of the property entitled to priority	securing it or if c) none or only part of you	ur claim is	a right of setoff)	-6 - all-da-sal	
UNSECURED PRIORITY CLAIM			Brief description o		
Check this box if you have an unsi	ecured claim all or part of which is		Real Estate		
entitled to priority			Value of Collatera	1 \$ <u>UN</u>	KNOWN
Amount entitled to priority	\$		Amount of arrearage	and other charges	at time case filed included in
Specify the priority of the claim			secured claim if any	* 9/7,00	12.80
(er 11 U S C § 507(a)(1)(A) or (a)(1)(B)	L.	Up to \$2 225 of deposits tow services for personal family		
Wages salaries or commissions before filing of the bankruptcy petil	(up to \$10 000) earned within 180 days tion or cessation of the debtor's		Taxes or penalties owed to g		• ',','
business whichever is earlier 11	USC § 507(a)(4)	Ē	Other Specify applicable pa		
Contributions to an employee beni	efit plan 11 USC § 507(a)(5)		* Amounts are subject to adju		
5 TOTAL AMOUNT OF CLAIM	¢ 575 200 20	Fac.	with respect to cases comme	nced on or after the o	
AT TIME CASE FILED	\$ 575,000.00 \$		20 00 \$	/ Promt-A	\$ 575,000.00
Charlether have distance maked as a	(unsecured)	•	ecured)	(pnority)	(Total)
Check this box if claim includes i	nterest or other charges in addition to t	ne principai	amount of the claim. Attach i	temizeo statement t	of all interest of additional charges
1	payments on this claim has been cre		· ·	٠,	
7 SUPPORTING DOCUMENT	IS <u>Attach copies of supporting doc</u> ourt judgments, mortgages security	<i>uments,</i> su agreemen	ich as promissory notes pu	irchase orders inv on of lien - DO NO	oces itemized statements of T SEND ORIGINAL
	nts are not available, explain If the), GEND GG
	To receive an acknowledgment of th	ne filing of y	your claim, enclose a stamp	ed, self addresse	d envelope and copy of this
proof of claim			 		
	d proof of claim form must be set ally received on or before 5 00 pr				THIS SPACE FOR COURT USE ONLY
for each person or entity (inc	luding individuals, partnerships,				002 0.02
governmental units) By MAIL TO			OR OVERNIGHT DELIVERY T	О	
BMC Group Attn USACM Claims Docketing	a Center	BMC Gro	up ACM Claims Docketing Cen	ter	D IAN 1 3 2007
P O Box 911	y = = . .	1330 Eas	t Franklin Avenue	FIL	ED JAN 1 3 2007
El Segundo CA 90245 0911			do CA 90245		USA CMC
	and print the name and title if any of the this claim (attach copy of power of attori	ney if any)	ERVEN TO ME	LSON.	
1-12-07 4	wan Thelson, att			TTORNEY	1072502330
<u> </u>					

FORM B10 (Official Form 10) (10/05)					
UNITED STATES BANKRUPTCY COURT	Dr	STRIC	T OF	Nevada	PROOF OF CLAIM
Name of Dehtor	Case	Num	ber		
USA COMMERCIAL MORTGAGE GO.				0725-LB	
NOTh: This form should not be used to make a claim for an administrative expense may be the case. A request" for payment of an administrative expense may					t .
of the case is request for payment of an administrative expense the	9 06 11100	have	iane (O	11 03 0 8 30 .	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) AND R DERY AND				ou are aware that anyone proof of claim relating is	
SAMES O. OERY, HUSBAND AND WIFE	you	ır clai	m Att	ech copy of statement	
AS TENANTS IN COMMON	I 🗂 ˜		rticula	rs ou have never received a	041
Name and address where notices should be sent				e bankrupicy court in th	
19601 VAR AKON Blud	П cas		v if th	e address differs from th	
SHAICER HTS, OHIO 44122 Telephone number 216-283-2505	add	iress (m the c	envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	سينسبب	cour		replaces	
rdentifies debtor		his cla	_	⊿ *	filed claim dated
1 Basis for Claim		П	Reti	ree benefits as defined	in USC §
Goods sold					nsation (fill out below)
Services performed Money loaned				four digits of your SS tail to the form of the four for second or	
Personal injury/wrongful death				n	_to
Taxes SEC EXHBIT A				(date)	(date)
2. Date debt was incurred	3.	If	court	judgment, date obtain	ned
MARCH 2001					
4 Classification of Claim. Check the appropriate box or boxes th	at best de	senbe	your	claim and state the amo	int of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ \(\frac{151}{807} \)		I S	ecured	r Claim	
Check this box if a) there is no collateral or lien securing you	r claim, o	ا ل	1 ch	neck this box if your claid setoff)	m is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or	1 "	_		. •
Unsecured Priority Claim	uA	1		nef Description of Colla Real Estate Mot	or Vehicle Other
Check this box if you have an unsecured claim all or part of w	vhanh er		ات Va	lue of Collateral \$_	LNKNOWN
entitled to priority	ANGH 18	A	mount	of arrearage and other o	harges at tune case filed included in
Amount entitled to priority S		se	cured :	claim if any \$ 18	07 <u>59</u>
Specify the priority of the claim	П				purchase, lease, or rental of property
Domestic support obligations under 11 U S C. § 507(a)(1)(A) o	r _		ervices 17(a)(7		household use - 11 U S C.
(a)(1)(B)					mental units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4)	or's	Othe	er - Sp	ecify applicable paragra	ph of II USC § 507(a)()
I 🗂		moun	s are s	subject to adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. § 507(a)(5)	wnn	respec	ci io cases commencea d	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$		1.80 council	7 59 8/51, 80 7, 5 (secured)	The state of the s
Check this box if claim includes interest or other charges in add interest or additional charges.	lauon to ti	ic prii	icipal :	amount of the claim. A	(priority) (Total) tach itemized statement of all
 Credits: The amount of all payments on this claim has been making this proof of claim 	credited a	and d	educte	d for the purpose of	THIS SINCE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting docume	ents, such	as pr	omisso	ory notes, purchase	
orders, invoices itemized statements of running accounts, contra	icts, count	judgi	nents,	mortgages, security	
agreements, and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluments are voluments.	D ORIGI Tinous M	NAL tach	DOC	UMENTS If the	
8. Date-Stamped Copy: To receive an acknowledgment of the fil	ing of you	ur cla	ım, enc	close a stamped self-	
addressed envelope and copy of this proof of claim				_	FILED JAN 11 2007
Date Sign and print the name and title if any, of the life this claim (attach copy of power of attor	ne credito ney, if an	A). LOLO	ther po	erson authorized to	LILED DAIN TT 500/
1/10/07 Des		-			
Penalty for presenting fraudulent claim. Fine of up to \$500,000 g	(IRpace-		ne ne -	to Sweet as Last 1200	USA CMC
A SHOWING CHARACTER OF THE DESCRIPTION OF	-mgmsOnn	ucii 1	or up 1	w 3 years, or both, 18 ()	1072502062

	. Case	06-10725-gwz Doo	: 8699-2 En	tered 07/24/11 14:0	2:57 Page	e 11 of 11
		ES BANKRUPTCY COURT RICT OF NEVADA	PRO	OOF OF CLAIM		
Nar	ne of Debtor		Case Nu	ımber	1	
u	SA Commerci	al Mortgage Compo	any BK-S	5-06-10725-LBR		
This arisii admi	form should not be used ng after the commencem nistrative expense may	of Debtors and Case Numbers It to make a claim for an adminishent of the case A "request" for the filed pursuant to 11 U S C §	payment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
	3416 CANTL NORTH LAS	III 11321: VING TRUST T S DOBYNE & LEAH K DOBYI JRA BLUFF AVE S VEGAS NV 89031-3577	241001561 NE TRUSTEES	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DEE If you have aire Bankruptcy Court of	ady filed a proof of claim with the or BMC you do not need to file again
		(702) 396-3447 other number by which creditor	identifies debter		I HIS SPACE	E IS FOR COURT USE ONLY
		other number by which creditor	identifies debtor	Check here replain or if this claim amer	 a previousiy 	filed claim dated
1 B	ASIS FOR CLAIM Goods sold	Пр		benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Services performed	Personal injury/wrongful de	wages	salaries, and compensation (fill out below)	Other claims against service (not for loan balances)
	Money loaned	Other (describe briefly) See Exh. b. + A	Last fou Unpaid	r digits of your SS # compensation for services pe	rformed from	to
2 0	ATE DEDT WAS INCUD			OURT HIDOMENT DATE O	DTAILED	(date) (date)
4 C	LASSIFICATION OF CL			OURT JUDGMENT, DATE On the your claim and state the amo		e time case filed
	· · · · · · · · · · · · · · · · · · ·	TY CLAIM \$ 237 179 25	2	SECURED CLAIM		
	Check this box if a) there is	s no collateral or lien securing your or or operty securing it or if c) none or or	claim or b) your claim	l-d		ed by collateral (including
UNS	ECURED PRIORITY CL	.AIM		Real Estate		Other
	Check this box if you have entitled to priority	an unsecured claim all or part of wh	nch is	Value of Collateral	_	
	Amount entitled to priority	\$		Amount of arrearage ar	nd other charges	at time case filed included in
	Specify the priority of the cl			secured claim, if any	\$ 2,179.2	\$
1	Wages salarııs or commis	ns under 11 U S C § 507(a)(1)(A) or ssions (up to \$10 000)* earned with	ın 180 days	Up to \$2 225* of deposits towa services for personal family of	or household use -11	USC § 507(a)(7)
	business whichever is earl		F	Taxes or penalties owed to go Other Specify applicable para		
		ree benefit plan 11 USC § 507(a)	(5)	* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 and	d every 3 years thereafter
	OTAL AMOUNT OF CLA IT TIME CASE FILED	AIM \$ <u>237, 179, 22</u> (unsecured)		179-22 \$secured)	(priority)	\$ <u>437, 179, 22</u> (Total)
Ø.	Check this box if claim incl	udes interest or other charges in ac	ddition to the principal	amount of the claim Attach ite	mized statement of	all interest or additional charges
7 S	UPPORTING DOCUM Inning accounts contract	of all payments on this claim has MENTS <u>Attach copies of suppo</u> cts, court judgments, mortgages currents are not available explain	orting documents, so security agreement	uch as promissory notes purd ts, and evidence of perfection	chase orders invo	ices, itemized statements of
8 D		Υ To receive an acknowledge			•	envelope and copy of this
fo g B	CCEPTED) so that it is or each person or entity overnmental units) Y MAIL TO	pleted proof of claim form mu actually received on or beford y (including individuals, partn	e 5 00 pm, prevailir erships, corporatio BY HAND	ng Pacific time, on Novembers, joint ventures, trusts ar OR OVERNIGHT DELIVERY TO	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
A	MC Group itn USACM Claims Doc ' O Box 911	sketing Center	BMC Gro Attn USA	oup ACM Claims Docketing Cente of Franklin Avenue	r	- 0007
	Segundo CA 90245-09		El Segun	do CA 90245	EILED	JAN 1 0 2007
DAT /-	-9-07	SIGN and print the name and title this claim (littlech copy) of por	of any of the creditor of wer of attorney, if any)	r other person authorized to file	hustee	USA CMC
Pena	lty for presenting fraudulent	claim is a fine of up to \$500 000 or i	imprisonment for up to	77777	152 AND 3571	1072501921